FILL OUT in INK ONLY Please put an X through the boxes for the days not actually worked by an employee.

YOUR NAME (Please Print)	ASSIGNMENT COMPLETED ☐ CONTINUED ☐	WEEK ENDING SUNDAY

DAYS	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
HOURS							
TIME IN							
LESS LUNCH							
TIME OUT							
TOTAL STRAIGHT TIME							
TOTAL OVERTIME							
TOTAL							

X _____ **( )** _____

EMPLOYEE SIGNATURE **PHONE NO.**

FORWARD ORIGINAL TO

PHOENIX ENGINEERING
20630 S. Leapwood Ave. Suite B
Carson, CA 90746
(310) 532-1134 PHONE
(310) 532-3139 FAX
phoenix@phoenix-engineering.com

TOTAL HOURS WORKED

STRAIGHT TIME	
HRS.	MIN.

OVERTIME	
HRS.	MIN.

X _____

AUTHORIZED CUSTOMER SIGNATURE

I hereby certify that the hours shown herein were worked by me during the week ending as designated, and were certified by an authorized representative of the customer.